PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

									1-1-6	602	2 2 0	\Box
CLAIMS AS FILED - PART I (Column 1) (Column						umn 2)	SMAL TYPE	L E	NTITY	ÖR		R THAN ENTITY
T	OTAL CLAIM	S	3	33				LE _	FEE	7	RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		FEE	 -	OR		
TO	OTAL CHARGE	ABLE CLAIMS	3 minus 20=		*15		X\$	9 <u>-</u>		7	X\$18=	
INDEPENDENT CLAIMS			18 1	ninus 3 =	* 15		-		136	OR	 	
MULTIPLE DEPENDENT CLAIM PE			PRESENT				X43)= 	645	OR	X86=	ļ
* 11	the difference	e in column 1 is	loce then	TOTO CONTO	"O" :-		+14	5=	145	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column						column 2	TOT	۹L.		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_	_	CLAIMS		HIGHE					ENTITY		SWALL	ENITIT
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
QN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X43=	_		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								十				
										OR	+290=	
								AL EE L		OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
AME	Independent	*	Minus	***		=	X43=	1	_	OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT (CLAIM		+145=	╅				
							TOT/			OR	+290=	-
								EL		OR A	TÖTAL DDIT. FEE	
- 1		(Column 1)		(Columr		(Column 3)						
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RATE	T	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	X\$ 9=			OR	X\$18=	
	Independent		Minus	***		=	X43=	t		~`` 	X86=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1		OR	∧oo=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
or in the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ADDIT FEE										OR AF	TOTAL DIT. FEE	
Th	ne "Highest Numt	ber Previously Paid	For" (Total or	Independent	ss than) is the h	3, enter "3." lighest number f			oriate box	in colun	nn 1.	